## BEST AVAILABLE COPY

Barbara Campbell National Stage Processing (703) 305-3831

DATENT ADDI ICATION TO THE CONTRACT OF									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000								09/937068					
_			S FILED - PART I (Column 1) (Col			SMAI		SMALL I	ENTITY	OF		R THAN ENTITY	
1	OTAL CLAIMS	•			::	all the said to		RATE	FEE	٦. ً	RATE	FEE	
F	OR		NUMBER FILED		NUMBER EXTRA			BASIC FE			24010 55		
T	OTAL CHARGE	ABLE CLAIMS	25 minus 20=		: 5			∸XS 9=	<del>                                     </del>	OR		00	
ĺΝ	DEPENDENT C	LAIMS	5 minus 3 =		2			X40=	╁╌		Y22	70	
М	ULTIPLE DEPE	NDENT CLAIM F							-	OR	X80=	1160	
• 1	I the difference	in column 1 is	less than z	ess than zero, enter "0" in column 2			Į	+135=		OR	+270=		
CLAIMS AS AMENDED - PART II								TOTAL		OR	TOTAL	<u> </u>	
Q	3. U(- O) (Column 1) (Column 2) (Column 3)							SMALL	ENTITY.	OR	OTHER		
AMENDMENT A	gnb.	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID F	EST BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	- ADDI- TIONAL	
	Total	. 29	Minus	. a		= 1	1	X\$ 9=	FEE		X\$18=	FEE 2001	
	Independent	. 5	Minus	5	i manin i	ing states of	·	X40=		OR	X80=	$\frac{\chi U}{}$	
Ļ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						$\vdash$	740-		OR	∧60≡		
1,14,18,24,25							L	+135=		OR	+270=_	•	
								TOTAL DOIT, FEE		OR	TOTAL ADDIT. FEE	×00.	
		(Column 1) CLAIMS	47. 15. 10	(Colum		(Column 3)	-					Pal	
AMENDMENT B		REMAINING AFTER AMENOMENT		NUMB PREVIO	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=		
	Independent	NTATION OF M	Minus	···	OL 4144	-		X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=		
							L	TOTAL			· TOTAL		
(Column 1) (Column 2) (Column 3)								DIT. FEE		OR	ADDIT. FEE		
AMENDMENT C	Marie Const.	CLAIMS REMAINING	Signal :	HIGHE	ST		_		ADDI-			4501	
	et Byg i	AFTER AMENDMENT	16.50 (C. 1881)	PREVIO	USLY	PRESENT EXTRA	1.	RATE	TIONAL		RATE	ADDI- TIONAL FEE	
	Total		Minus	••		=	ľ	X\$ 9=	766	00	X\$18=	PEE_	
	Independent	•	Minus-	•••		=	⊢			OR			
	FIRST PRESE	NTATION OF ML	ILTIPLE DEF	ENDENT	CLAIM		$\perp$	X40=		OR	X80=		
٠,	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=		
***	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Implementable the Indiana.									OR ,	TOTAL ADDIT. FEE		

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